

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585910

FILING DATE

APPLICANT(S)

34

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		3		
5		1		3		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
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17		1		1		
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20		1		1		
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22		1		1		
23		1		1		
24		1	1			
25	1				1	
26						1
27						1
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40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48					1	
49						
50						
TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	26	←	26	←	22	←
TOTAL CLAIMS	28		28		24	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						